

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10799940

FILING DATE

3-11-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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34		1				
35	1					
36		1				
37		2				
38		1				
39		1				
40		2				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	50					
TOTAL CLAIMS	53					

	IND	DEP	IND	DEP	IND	DEP
51		1				
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TOTAL DEP.						
TOTAL CLAIMS						